



OFFICE OF THE COMMISSIONER OF INSURANCE
STATE OF LOUISIANA

65A EXEMPTION FORM

P.O. Box 94214
Baton Rouge, Louisiana 70804-9214
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Fax (225) 219-9322
<http://www.ldi.la.gov>

This is to certify that I _____, wish to be declared exempt from continuing education and meet **ALL** the following requirements:

- 1) I am 65 years of age or older AND;
(Attach a copy of driver's license or birth certificate)
- 2) I have had at least fifteen (15) years of experience as a licensed producer AND,
- 3) I am no longer actively engaged in the insurance business as a producer and am receiving social security benefits, if eligible,

OR

- 4) I am actively engaged in the insurance business as a producer and represent, or operate through a licensed Louisiana insurer.

Signature of Licensed Individual

License Number

Please Have Form Notarized

BEFORE ME, the undersigned authority personally came and appeared the above named applicant, who being first fully sworn by me did depose and say that the information given on this document is true and correct.

Done and signed this _____ day of _____, 2003

Notary Public

State Of _____ Parish Of _____